IAP20 Reg'd PCT/PTO 09 FEB 2006

Application Data Sheet

Application Information

Application Type::

National Stage

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?::

None

Computer Readable Form (CRF)::

Number of copies of CRF::

No

Title::

METHOD FOR DEPOSITING AN

AMORPHOUS LAYER PRIMARILY

CONTAINING FLUORINE AND CARBON,

AND DEVICE SUITED FOR CARRYING

OUT THIS METHOD

Attorney Docket Number::

0579-1117

Request for Early

No

No

Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets::

2

Small Entity?::

No

Latin Name::

Variety Denomination Name::

Petition Included?::

No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent

No

Appl.?::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: GERMANY

Status:: Full Capacity

Given Name:: KARIN

Middle Name::

Family Name:: SCHERER

Name Suffix::

City of Residence:: ST MAUR DES FOSSES

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 37BIS, AVENUE MISS CAVELL, BAT. C

Address::

City of Mailing Address:: ST MAUR DES FOSSES

Stäte or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 94100

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: PASCALE

Middle Name::

Family Name:: LACAN

Name Suffix::

City of Residence:: PARIS

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 102, RUÉ DE LA FOLIE MERICOURT

Address::

City of Mailing Address:: PARIS

State or Province of Mailing Address:: Country of Mailing Address:: FRANCE Postal or Zip Code of Mailing Address:: 75011 Applicant Authority Type:: Inventor Primary Citizenship Country:: FRANCE Status:: Full Capacity Given Name:: RICAHRD Middle Name:: Family Name:: BOSMANS Name Suffix:: City of Residence:: NOISEAU State or Province of Residence:: Country of Residence:: FRANCE Street of Mailing 9, ALLEE DE LA PETITE PLAINE Address:: City of Mailing Address:: NOISEAU State or Province of Mailing Address:: Country of Mailing Address:: Postal or Zip Code of Mailing Address:: 94880 Correspondence Information Correspondence Customer 00466 Number::

Representative Information

Representative Customer	00466	
Number::		

Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
This application	National Stage of	PCT/FR2004/002242	9/2/04

Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
FRANCE	0310472	9/4/03	Yes
FRANCE	0311238	9/25/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::